									Application or Docket Number				
-	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003							10/033235					
-		CLAIMS	AS FILEI (Colu		olumn 2)		SMALL ENTITY TYPE		OF	_	R THAN ENTITY		
IL	TOTAL CLAIN	MS						RATE	FEE	7	RATE	FEE	
L	FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	O OR	BASIC FE	770.00	
	TOTAL CHARG	SEABLE CLAIMS	,	minus 20=		•		X\$ 9=		OR	X\$18=		
L	NDEPENDENT		minus 3 =				X43=		OR	X86=	1		
Ľ	MULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				145	┪┈┈	7		 	
* If the difference in column 1 is less than zero, enter *0" in column						column 2		+145=		OR	<u> </u>	_	
	CLAIMS AS AMENDED - PART II								′	JOR			
		(Column 1)		(Column 2) (Column 3)				SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	1.24	Minus	1-2	Z	=		X\$ 9=		OR	X\$18=		
	Independent		Minus	1 2)		ſ	X43=		OR	X86=		
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+145=	1.	OR	+290=		
							L	TOTAL			TOTAL		
4	1-71-05	(Column 1)	.•	(Columi	n 2)	(Column 3)	Al	DDIT. FEE	<u> </u>] On ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	1. 24	Minus	- 29	4.	=		X\$ 9=		OR	X\$18=		
	Independent	* 3 ENTATION OF MI	Minus	PENDENT C	NIA S	= /		X43=		OR	X86=		
			JETH LE DE	LIDEIT	ZCATIVI		$\cdot \Gamma$	+145=		OR .	+290=		
			•				AD	TOTAL DIT. FEE	·	OR A	TOTAL DDIT. FEE		
		(Column 1)		(Column		(Column 3)							
NOMEN! C		CLAIMS REMAINING AFTER AMENDMENT	-	HIGHES NUMBE PREVIOUS PAID FO	Ri SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	94		=	Γ,	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	F,	X43=		r	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H			OR	/1002		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
" If the "Highest Number Previously Paid For IN THIS SPACE in form than 20 center 700 * " IOD " IOD "										TOTAL DOIT, FEE			
7	he "Highest Num	ber Previously Paid	For (Total or	Independent)	is the h	nighest number f	ound	in the app	ropriate box	in colur	nn 1.		